

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046087

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 20 1962

Primary Registration District No. 3007

Registrar's No. 1186

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0128

2 8030

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12 5-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN PARAGOULD	
Length of stay in 1b 31 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		d. STREET ADDRESS (If outside, give location) 1121 RECTOR ROAD	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First WILL Middle NMN Last SISSON		4. DATE OF DEATH Month DECEMBER Day 14 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-23-95
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	
11. BIRTHPLACE (City and state or country) WINN, ARKANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN SISSON		13b. MOTHER'S MAIDEN NAME MELISSA SEABURUN	
14. NAME OF HUSBAND OR WIFE BESSIE SISSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT VA HOSPITAL RECORDS POPLAR BLUFF, MO.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEPATOMA		INTERVAL BETWEEN ONSET AND DEATH 940 4 MONTHS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HEPATIC CIRRHOSIS		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from NOVEMBER 13, 1962 12-14-62		Death occurred at 2:55 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Robert S. Cohen ROBERT S. COHEN M.D. Chief Med. Ser.	22b. ADDRESS VA HOSPITAL POPLAR BLUFF, MO.	22c. DATE SIGNED 12-14-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-16-62	23c. NAME OF CEMETERY OR CREMATORY Pine Log Cemetery	23d. LOCATION (City, town, or county) (State) Paragould, Arkansas
24. FUNERAL DIRECTOR Mitchell Funeral Home Paragould, Arkansas	ADDRESS	25. DATE RECD. BY LOCAL REG. 12/17/1962	26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 21 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard Mitchell

Licensed Embalmer No. 703

P. O. Address Paragonah Ash

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.